

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☒ 21

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NAME OF COMMITTEE (In Full)
Friends of Jim Clyburn

<p>A. Full Name (Last, First, Middle Initial) JOE DONNELLY FOR CONGRESS</p> <p>Mailing Address P.O. Box 1961 CENTURY BUILDING</p> <p>City South Bend State IN Zip Code 46634</p> <p>Purpose of Disbursement Contribution IN-H-General</p> <p>Candidate Name Joe Donnelly</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D289126 Date of Disbursement <div>06 / 30 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>2000.00</div></p>
<p>B. Full Name (Last, First, Middle Initial) Clarendon County Democratic Party</p> <p>Mailing Address PO Box 138</p> <p>City Manning State SC Zip Code 29102-0138</p> <p>Purpose of Disbursement Transfer of Campaign Funds</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D287976 Date of Disbursement <div>06 / 01 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>3000.00</div></p>
<p>C. Full Name (Last, First, Middle Initial) BOYD FOR CONGRESS</p> <p>Mailing Address P.O. Box 15703</p> <p>City Tallahassee State FL Zip Code 32317</p> <p>Purpose of Disbursement Contribution FL-H-General</p> <p>Candidate Name</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 02</p> <p>Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D289117 Date of Disbursement <div>06 / 30 / 2010</div></p> <p>Amount of Each Disbursement this Period <div>2000.00</div></p>

SUBTOTAL of Disbursements This Page (optional)

7000.00

TOTAL This Period (last page this line number only)